



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Disability and Rehabilitative Services***  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
1-800-545-7763

## **Instructions for Reporting a Complaint to the Bureau of Quality Improvement Services (BQIS):**

### **Guidelines for Reporting a Complaint:**

The Bureau of Quality Improvement Services (BQIS) is committed to being attentive to concerns about the services provided to individuals receiving services from the DDRS administered Medicaid Home and Community Based Services waivers. These include the:

- Developmental Disabilities,
- Support Services, and
- Autism Waivers.

DDRS's expectation of the Complaint System is to provide an additional venue for families/guardians and other concerned people to share issues and concerns they have about an individual, a group of individuals, or a provider.

The Complaint System ***is not*** meant to replace the necessary communication between individuals/guardians, other team members, and case managers. Therefore, when reporting a complaint we encourage you to initially alert the individual's case manager and the provider of concern, and give them an opportunity to address your issues internally. If you have done this and feel that the resulting action is inappropriate, has not happened timely, or has inadequately addressed the issue, you may contact BQIS.

### **Contacting BQIS:**

Complaints can be reported to BQIS through any of the following mechanisms:

- **Contact the Complaint Hotline toll-free at (866)296-8322**
- Contact BQIS toll free at 1-800-545-7763;
- Email BQIS at BQIS.Help@fssa.in.gov;
- Fax your written complaint to 1-484-434-1541;
- Mail your written complaint to the following address:

Liberty of Indiana Corporation  
Attn: Complaints  
440 N. Meridian St., Ste. 200





"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Disability and Rehabilitative Services***  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
1-800-545-7763

Indianapolis, IN 46204

### **Information to Include When Reporting a Complaint:**

When making a complaint please include as many of the following pieces of information and as much relevant detail as possible:

**Individual(s) Involved:** Identify the individual(s) by first and last name.

**Provider/Location:** 1) Name of the provider agency (if known) 2) Address of home/day program site where issue is taking place

**Date/Time:** When applicable, try to recall the date and time of the occurrence you are reporting. If there is no specific date, provide the time period when the concern was observed (e.g., weekdays 6pm shift, weekends, within the last week, within the last month, afternoons, etc.).

**Specifics of the Occurrence:** A concern is more likely to be confirmed if you are specific in your reporting. For example, if you believe an individual is receiving poor care, provide specific examples of the behavior you have observed that define what you are referring to as "poor care".

**Your Contact Information:** Please include your name, address, and phone number when writing or emailing.

**Timely Reporting:** It is imperative that we be notified of your concerns in a timely manner. It is difficult to effectively gather information surrounding a concern that has occurred months before. To assist in accurate and thorough investigations, we ask that you report a concern as soon as possible following its initial occurrence or observation.

### **Additional Information:**

Please refer to the BQIS Complaint Policy for information on the complaint investigation process. [http://www.in.gov/fssa/files/BQIS\\_Complaints.pdf](http://www.in.gov/fssa/files/BQIS_Complaints.pdf)

